## L22000030811

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## **COVER LETTER**

TO: Registration Section

Div	rision of Corporations				
SUBJECT:	ANDES STR FL BROKERAGE, LLC  (Name of Limited Liability Company)				
-					
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Anita Comisky				
	(Na	me of Person)			
	Andes STR, Inc				
	(Firm/Company)				
	95020 Starling Court				
	(Address)				
	Fernandina Beach, FL 32034				
	(City/St	ate and Zip Code)			
For further is	nformation concerning this matter, please call	l:			
Ro	bert C McCormack, Jr	650 305-9030 at ( )			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a	check for the following amount:				
■ \$25	.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	iling Address: gistration Section	Street Address: Registration Section			
Div	vision of Corporations	Division of Corporations			
	). Box 6327	The Centre of Tallahassee			
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES	S OF DISSOLUTION FOR		
	A LIMITED I	LIABILITY COMPANY	Y	
	The name of a limited liability company is ANDES STR FL BROKERAGE, LLC	V-1		10 m
	The Articles of Organization were filed on $\frac{0}{1}$	7/21/2022	and assigned	
	document number 1.22000030877	<del></del>		
	The delayed effective date the dissolution if n (effective date cannot be prior t Note: It the date inserted in this block does not r listed as the document's effective date on the Dep	neet the applicable statutory f	iling: 07/01/2024 date document is received iling requirements, this	d for filing) date will not be
	A description of occurrence that resulted in the 105.0707, Florida Statutes, (copy 605.0707 on This LLC is not generating any income	ne limited liability company back cover letter).	's dissolution pursual	nt to section
-				<del></del>
-			····	
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_				
	If there are no members, enter the name and a	ddress of the person appoir	ited to wind up the co	ompany's
•				<del></del>
	<del></del>			<del></del>
			<del></del>	
0	Signature of an authorized person or if there a ve to wind up the company's activities and af	re no members, the signatu	re of the person appo	inted and listed
•	DSNZ	Robert C McCormac	ck_ Jr	
	Signature	Pr	inted Name	

FILING FEE: \$25.00